

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 107030255	FILING DATE 09 JAN 2002	
							APPLICANT(S) <i>Hazard</i>		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1			/				51		
2			/	/			52		
3			/	/			53		
4			/	/			54		
5			/	/			55		
6			/	/			56		
7			/	/			57		
8			/	/			58		
9			/	/			59		
10			/	/			60		
11			/	/			61		
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13			/	/			63		
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15			/	/			65		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			4				TOTAL IND.		
TOTAL DEP.			11				TOTAL DEP.		
TOTAL CLAIMS			15				TOTAL CLAIMS		